

# PATENT

## FEE TRANSMITTAL

Application Number	
Filing Date	
First-Named Inventor	GEORGE R. CAIN, JR. and JOSEPH C. NAMM
Examiner Name	
Group/Art Unit	
Title:	BIOMETRIC DATA CONTROLLED CONFIGURATION
Attorney Docket No.	CM03314J
<b>TOTAL AMOUNT OF PAYMENT</b>	
	<b>\$1594.00</b>

### METHOD OF PAYMENT

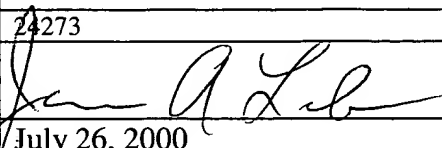
(check one)

### FEE CALCULATION

(continued)

1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:		2. <b>EXTRA CLAIM FEES</b>																													
<table border="1"> <tr> <th>Deposit Account No.</th> <th>Deposit Account Name</th> </tr> <tr> <td>13-4774</td> <td>Motorola, Inc.</td> </tr> </table>		Deposit Account No.	Deposit Account Name	13-4774	Motorola, Inc.	<table border="1"> <thead> <tr> <th>Claims</th> <th>Extra Claims</th> <th>Fee from Below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Total 42 -20**</td> <td>= 22</td> <td>x 18</td> <td>= 396.00</td> </tr> <tr> <td>Ind. 9 -3</td> <td>= 6</td> <td>x 78</td> <td>= 468.00</td> </tr> <tr> <td colspan="4">Multiple Dependent</td> </tr> </tbody> </table>		Claims	Extra Claims	Fee from Below	Fee Paid	Total 42 -20**	= 22	x 18	= 396.00	Ind. 9 -3	= 6	x 78	= 468.00	Multiple Dependent											
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<input checked="" type="checkbox"/> Charge any additional Fee Required under 37 CFR § 1.16 and 1.17 <input type="checkbox"/> Charge the Issue Fee set in 37 CFR § 1.18 at the of the Mailing of the Notice of Allowance		**or number previously paid, if greater; For Reissues, see below																													
<b>FEE CALCULATION</b>		<b>Large Entity</b>																													
1. <b>BASIC FILING FEE</b>		<table border="1"> <thead> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Description</th> </tr> </thead> <tbody> <tr> <td>103</td> <td>18</td> <td>Claims in excess of 20</td> </tr> <tr> <td>102</td> <td>78</td> <td>Ind. claims in excess of 3</td> </tr> <tr> <td>104</td> <td>260</td> <td>Multiple dependent claim, if not paid</td> </tr> <tr> <td>109</td> <td>78</td> <td>**Reissue independent claim over original patent</td> </tr> <tr> <td>110</td> <td>18</td> <td>**Reissue claims in excess of 20 and over original patent</td> </tr> </tbody> </table>		Fee Code	Fee (\$)	Fee Description	103	18	Claims in excess of 20	102	78	Ind. claims in excess of 3	104	260	Multiple dependent claim, if not paid	109	78	**Reissue independent claim over original patent	110	18	**Reissue claims in excess of 20 and over original patent										
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<b>Large Entity</b>		<b>SUBTOTAL (2)</b>																													
		<b>\$864.00</b>																													
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Additional Fees (continued)		Large Entity	
Fee Code	Fee (\$)	Fee Description	Fee Paid
105	130	Surcharge - late filing fee or oath	
127	50	Surcharge - late provisional filing fee or cover sheet	
139	130	Non-English specification	
147	2520	For filing a request for reexamination	
112	920*	Requesting publication of SIR prior to Examiner action	
113	1840*	Requesting publication of SIR after Examiner action	
115	110	Extension for reply within first month	
116	380	Extension for reply within second month	
117	870	Extension for reply within third month	
118	1360	Extension for reply within fourth month	
128	1850	Extension for reply within fifth month	
119	300	Notice of Appeal	
120	300	Filing a brief in support of an appeal	
121	260	Request for oral hearing	
138	1510	Petition to institute a public use proceeding	
140	110	Petition to revive - unavoidable	
141	1320	Petition to revive - unintentional	
142	1210	Utility issue fee (or reissue)	
143	430	Design issue fee	
144	580	Plant issue fee	
122	130	Petitions to Commissioner	
123	50	Petitions related to provisional applications	
126	240	Submission of IDS	
581	40	Recording each patent assignment per property (times number of properties)	\$40.00
146	690	Filing a submission after final rejection (37 CFR § 1.129(a))	
149	690	For each additional invention to be examined (37 CFR § 1.129(b))	
Other fee (specify)			
Other fee (specify)			
*Reduced by Basic Filing Fee			
<b>Subtotal (3)</b>			<b>\$40.00</b>

SUBMITTED BY			
NAME	James A. Lamb	Reg. No.	38,529
CUSTOMER NO.	24273		
SIGNATURE			
DATE	July 26, 2000	Deposit Account User ID	13-4774-1740

07/28/00



JC691 U.S. PTO



# UTILITY PATENT APPLICATION TRANSMITTAL

July 26, 2000

Attorney Docket No.:	CM03314J	Total Pages:	2
First-Named Inventor or Application Identifier	GEORGE R. CAIN, JR. and JOSEPH C. NAMM		
Title:	BIOMETRIC DATA CONTROLLED CONFIGURATION		
Express Mail Label No.:			

(Only for new nonprovisional applications under 37 CFR 1.53(b))

<b>APPLICATION ELEMENTS</b> (see MPEP chapter 600 concerning utility patent application contents)	<b>ADDRESS TO:</b>	Assistant Commissioner for Patents Box Patent Application Washington, D.C. 20231
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1. ☒ Fee Transmittal Form in duplicate
2. ☒ Specification Total Pages
3. ☒ Drawings Total Sheets:
4. ☒ Oath or Declaration with Power of Attorney Total Pages 
  - a. ☒ Newly Executed (original or copy)
  - b. ☐ Copy from prior application (37 CFR §1.63(d))  
(for continuation/divisional with Box 17 completed)
  - i. ☐ Deletion of Inventor(s):  
Signed statement attached deleting inventor(s) named in the prior application  
(see 37 CFR §1.63(d)(2) and 1.33(b))
5. ☐ Incorporation by Reference (*useable if Box 4b is checked*)  
The entire disclosure of the prior application, from which a copy of the oath or declaration is  
supplied under Box 4b, is considered as being part of the disclosure of the accompanying  
application and is hereby incorporated by reference therein.
6. ☐ Microfiche Computer Program (Appendix)
7. ☐ Nucleotide and/or Amino Acid Sequence Submission

## ACCOMPANYING APPLICATION PARTS

8. ☒ Assignment Papers (*cover sheet and document(s)*)
9. ☐ 37 CFR §3.73(b) Statement ☐ Power of Attorney  
(when there is an assignee)
10. ☐ English Translation Document (*if applicable*)
11. ☒ Information Disclosure Statement ☒ Copies of IDS Citations  
(IDS)/PTO-1449
12. ☐ Preliminary Amendment
13. ☒ Return Receipt Postcard (MPEP 503) (*should be specially itemized*)
14. ☐ Small Entity Statements

JC613 U.S. PTO

09/628245

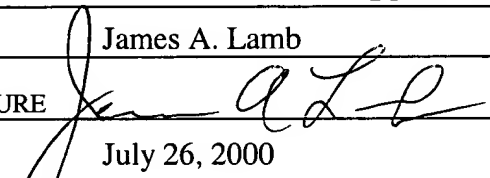


07/28/00

09/628245 07/28/00

15.	<input type="checkbox"/>	Certified Copy of Priority Document(s)
16.	<input type="checkbox"/>	Other:
17.	<b>IF A CONTINUING APPLICATION</b> <i>check appropriate box and supply the requisite information below and in a preliminary amendment:</i>	
	<input type="checkbox"/> Continuation	<input type="checkbox"/> Divisional
	<input type="checkbox"/> Continuation-in- Part (CIP)	Prior Appl. No. _____
Prior Appl. information:   Examiner:   Group/Art Unit:		

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